

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4904 War Admiral Drive Indianapolis, IN 46237	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>45292</p> <p>Based on interview and record review, the facility failed to ensure care plans were revised for 1 of 24 residents reviewed for advanced directives. (Resident 90)</p> <p>Finding includes:</p> <p>The clinical record for Resident 90 was reviewed on 12/3/24 at 11:30 a.m. The diagnoses included, but were not limited to, type 2 diabetes, Alzheimer's disease, congestive heart failure, and chronic obstructive pulmonary disorder.</p> <p>A physician's order, dated 9/16/24, indicated the resident's code status was DNR (do not resuscitate).</p> <p>An Indiana Physician Orders for Scope of Treatment form, dated 9/16/24, indicated that the resident had elected a DNR code status.</p> <p>A care plan, initiated 7/23/24, indicated Resident 42 had a full code status (full code status means that a medical professional will perform all possible life-saving measures if a patient's heart stops or they stop breathing, including cardiopulmonary resuscitation).</p> <p>During an interview on 12/6/24 at 10:45 a.m., the DON (Director of Nursing) indicated that Resident 90's code status was DNR and the care plan should have been revised to reflect the resident's current code status.</p> <p>On 12/6/24 at 12:05 p.m., the DON provided an undated policy titled Plan of Care Overview and indicated it was the current policy in use by the facility. A review of the policy indicated that resident care plans were to be resident centered, reviewed quarterly and/or with significant changes in care, and were to support the resident's goals, choices, and preferences to meet the psychosocial, physical, and emotional needs and concerns of the resident.</p> <p>3.1-35(d)(2)(B)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4904 War Admiral Drive Indianapolis, IN 46237	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45292</p> <p>Based on interview and record review, the facility failed to administer pneumococcal vaccinations for 2 of 5 residents reviewed for pneumococcal vaccinations. (Resident 84, Resident 90)</p> <p>Findings include:</p> <p>1. On 12/3/24 at 11:15 a.m., Resident 84's clinical record was reviewed. The diagnoses included, but were not limited to, type 2 diabetes and heart failure. Resident 84 was above the age of [AGE] years old.</p> <p>On 12/6/24 at 9:15 a.m., the DON (Director of Nursing) provided a copy of Resident 84's pneumonia vaccine record, dated 10/24/24. A review of the record indicated, on 10/24/24, Resident 84's POA (Power of Attorney) provided verbal consent to the facility for Resident 84 to receive the pneumonia vaccine.</p> <p>Resident 84's clinical record lacked documentation that Resident 84 had received the pneumonia vaccine.</p> <p>2. On 12/3/24 at 11:30 a.m., Resident 90's clinical record was reviewed. The diagnoses included, but were not limited to, type 2 diabetes mellitus, congestive heart failure, chronic obstructive pulmonary disorder, and both acute and chronic respiratory failure. Resident 84 was above the age of [AGE] years old.</p> <p>On 12/6/24 at 9:15 a.m., the DON provided a copy of Resident 90's pneumonia vaccine record, dated 9/13/24. A review of the record indicated, on 9/13/24, Resident 90 signed the consent form to receive the pneumococcal vaccination.</p> <p>Resident 90's clinical record lacked documentation that Resident 90 had received the pneumonia vaccine.</p> <p>During an interview on 12/6/24 at 10:45 a.m., the DON indicated that the pneumococcal vaccinations should have been administered by this time for Resident 84 and Resident 90.</p> <p>On 12/3/24, the Administrator provided an undated policy titled Resident Pneumococcal Vaccines and indicated it was the policy currently in use. A review of the policy indicated that residents would be offered the pneumococcal vaccine unless medically contraindicated or the resident had already received vaccinations per CDC (Centers for Disease Control and Prevention) recommendations.</p> <p>On 12/9/24 at 8:00 a.m., a review of the CDC guidelines at the following website regarding pneumococcal vaccine timing for adults (https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-pneumo), dated 11/21/24, indicated that chronic conditions, including diabetes mellitus, chronic cardiovascular diseases, and chronic respiratory diseases are all underlying medical conditions where the pneumococcal vaccine is recommended in addition to being recommended for all adults [AGE] years of age and older.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4904 War Admiral Drive Indianapolis, IN 46237	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-13(a)</p>